

October 1, 2005

Montana Medicaid Notice Hospice Providers

Rate Increase

Effective October 1, 2005, provider rates for hospice services will be:

Hospice Rates							
Montana							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Rate	Hour
651	Routine Home Care	\$ 87.02	0.9229	\$ 80.31	\$ 38.22	\$118.53	
652	Continuous Home Care	\$507.46	0.9229	\$468.33	\$222.85	\$691.18	\$28.80
655	Inpatient Respite Care	\$ 74.56	0.9229	\$ 68.81	\$ 60.92	\$129.73	
656	General Inpatient Care	\$360.18	0.9229	\$332.41	\$195.29	\$527.70	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Billings/Yellowstone County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Rate	Hour
651	Routine Home Care	\$ 87.02	0.9505	\$ 82.71	\$ 39.63	\$122.34	
652	Continuous Home Care	\$507.46	0.9505	\$482.34	\$231.09	\$713.43	\$29.73
655	Inpatient Respite Care	\$ 74.56	0.9505	\$ 70.87	\$ 63.18	\$134.05	
656	General Inpatient Care	\$360.18	0.9505	\$342.35	\$202.51	\$544.86	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Great Falls/Cascade County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Rate	Hour
651	Routine Home Care	\$ 87.02	0.9344	\$ 81.31	\$ 39.63	\$120.94	
652	Continuous Home Care	\$507.46	0.9344	\$474.17	\$231.09	\$705.26	\$29.39
655	Inpatient Respite Care	\$ 74.56	0.9344	\$ 69.67	\$ 63.18	\$132.85	
656	General Inpatient Care	\$360.18	0.9344	\$336.55	\$202.51	\$539.06	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Missoula/Missoula County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Rate	Hour
651	Routine Home Care	\$ 87.02	1.0201	\$ 88.77	\$ 39.63	\$128.40	
652	Continuous Home Care	\$507.46	1.0201	\$517.66	\$231.09	\$748.75	\$31.20
655	Inpatient Respite Care	\$ 74.56	1.0201	\$ 76.06	\$ 63.18	\$139.24	
656	General Inpatient Care	\$360.18	1.0201	\$367.42	\$202.51	\$569.93	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					
Carbon County							
Rev Code	Description	Wage	Index	Indexed	Unweighted	Rate	Hour
651	Routine Home Care	\$ 87.02	.9367	\$ 81.51	\$ 39.63	\$121.14	
652	Continuous Home Care	\$507.46	.9367	\$475.34	\$231.09	\$706.43	\$29.43
655	Inpatient Respite Care	\$ 74.56	.9367	\$ 69.84	\$ 63.18	\$133.02	
656	General Inpatient Care	\$360.18	.9367	\$337.38	\$202.51	\$539.89	
659	Nursing Facility (Room and Board)	Medicaid Nursing Facility Rate					

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>